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PATENT APPLICATION TRADEMARK DETERMINATION RECORD					Application or Docket Number 10/085,254 (H0002864)		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES	
BASIC FEE (37 CFR 1.16(e))				\$ _____		\$ _____	
TOTAL CLAIMS (37 CFR 1.16(e))	48	minus 20 = * 28	x \$ _____ =		x \$ _____ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	8	minus 3 = * 5	x _____ =		x _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		+ _____ =		
			TOTAL		TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(e))	* 41	Minus ** 48 = 0	x \$ _____ =		x \$ 50 = 0	
	Independent (37 CFR 1.16(b))	* 5	Minus *** 8 = 0	x _____ =		x 200 = 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	+ _____ =	
					TOTAL ADDIT. FEE	TOTAL ADDIT. FEE	0
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(e))	* Minus ** =	x \$ _____ =		x \$ _____ =		
	Independent (37 CFR 1.16(b))	* Minus *** =	x _____ =		x _____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	+ _____ =	
					TOTAL ADDIT. FEE	TOTAL ADDIT. FEE	0
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(e))	* Minus ** =	x \$ _____ =		x \$ _____ =		
	Independent (37 CFR 1.16(b))	* Minus *** = -	x _____ =		x _____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	+ _____ =	
					TOTAL ADDIT. FEE	TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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